

Children's Special Health
Internal Policy/Statement
Type I Diabetes Mellitus



Description

Type I Diabetes Mellitus is a chronic metabolic disorder characterized by elevated blood glucose, or sugar levels. Diabetes Mellitus occurs when your body produces little or no insulin

Diagnostic Criteria

1. Symptoms of diabetes and a casual plasma glucose $>200\text{mg/dl}$
 - *Casual* is defined as any time of the day with regard to time since last meal
 - *Classical* symptoms of diabetes include polyuria, polydipsia, and unexplained weight loss
2. Fasting plasma glucose $>126\text{mg/dl}$
 - *Fasting* is defined as no caloric intake for at least eight (8) hours
3. Two (2) hour plasma glucose 200mg/dl (11.1 mmol) during an oral glucose tolerance test (OGTT)

CSH Coverage

- Only **providers** listed on the Eligibility Letter will be paid
- **Labs/Tests** must be performed by a Wyoming Medicaid provider
- **Well Child Checks** (coverage limited to Pediatrician) according to AAP Periodicity Schedule
- **Medications**
 - Insulin
- **Equipment/Supplies**
 - Glucometer
 - Pump (NO pump supplies)
 - Blood test strips

Contact CSH for questions regarding additional medications and/or equipment/supplies

Minimum Standards of Care/Care Coordination

Refer to the Care Coordination Manual, Ch.3, pg. 8, Child and Family Assessment

- Perform **Nursing Assessment** with detailed focus on the following:
 - Nutrition and eating patterns
 - Exercise and physical activity
 - Perform skin and foot exam
 - Current medications/any side effects or reactions
 - Who gives injections
 - Known food and/or drug allergies
 - Height and weight, plot on growth chart
 - Obtain family history of endocrine disorders (i.e. Thyroid, Celiac, Addison's Disease)
- Encourage testing as recommended by the American Diabetic Assoc. (ADA)
- School performance and behavior
- Encourage family and child to live as "normal and active" life as possible

Contact CSH if family is Non-Compliant (i.e. repeated missed appointments, failure to follow healthcare plan)

- **Referrals** that may be recommended (*CSH prefers Pediatric Specialists, if possible*)
Visits to Providers may be limited due to budget

- Endocrinologist
- Ophthalmologist/Optometrist
- Dietician
- Mental Health

Link the child and family with appropriate and needed services
Specialists may or may not be covered by CSH Program

- **Well Child Checks**

- Immunizations (including vaccinations)
- Assess and follow-up any abnormal findings
- Dental
- Vision
- Hearing

- **Emergency Preparedness Plan**

- Medic Alert ID bracelet/necklace should be encouraged
- Medical Emergency Plan of what to do for the child's care when away from home or with a different caregiver (i.e. Hypoglycemia/Hyperglycemia)
- Discuss self-management of the disease
- Encourage the family to speak with the child's school in regards to the school's policy on Type I Diabetes Mellitus and emergency plan (i.e. who will administer shots)

- **Health Record**

- Encourage family to maintain a record of the child's health information ("Packaging Wisdom" as a suggestion) that includes:
 - Weight
 - Medication administration
 - Type
 - Dosage/Frequency, any side effects or response to medication
 - Site of injection (to ensure the child is rotating sites)
 - Record blood sugars
 - List of providers and contact information, if available

- **Transition**

Refer to Care Coordination Manual Ch. 3, Pg. 10, Coordinating Care

- Discuss with the family if the child might be eligible for an IFSP, IEP, or qualify for Section 504 according to the American Disabilities Act (ADA).